

Rhode Island Urban Search And Rescue Task Force (RIUSAR) Application Package

Thank you for your interest in becoming a Member of the Rhode Island Urban Search And Rescue (RIUSAR). This Task Force is a volunteer Urban Search And Rescue Team that is authorized by the Rhode Island Emergency Management Agency.

RIUSAR conforms to US&R Operational Procedures that were developed by FEMA. RIUSAR is a 64-person Task Force comprised of five major functional elements: Search, Rescue, Medical, Logistics, and Planning, including associated supervisory positions. It is anticipated that each of the 64 positions on the Team will be staffed two-deep, thereby increasing overall Membership to 128 persons.

Members of the RIUSAR Selection Committee will review your application and all of the attached documents. Your application package will be reviewed for training and certification suitable to your prospective assignment to the Team.

The Selection Process will take into consideration the following requirements:

- Applicant submits a completed RIUSAR Application Package
- Applicants submits signed Memoranda of Understanding
- Applicant submits a notarized copy of a BCI completed within 30 days prior to submission of application.
- Applicant successfully passes the Physical Ability Test
- Applicant successfully passes the application review by the Selection Committee
- Applicant successfully passes an oral interview and skills assessment

Attach copies or originals of the following as appropriate: *(check as appropriate)*

- Valid state motor vehicle operator license
- CPR/First Responder Certificate
- EMT/Paramedic/MD license or certificates of training
- Engineering Certificate if you are a structural engineer
- Training certificates (where appropriate)
- Resume describing any suitable experiences
- A short letter detailing your goals, interests, and experiences would be helpful, but is not required

**Complete this application packet and forward it with all attachments completed
NO LATER THAN September 15, 2003 to:**

Rhode Island Emergency Management Agency

645 New London Avenue
Cranston, RI 02920
Attn: RIUSAR Applications

RIUSAR Candidate Application

Personal Information

Last Name		First Name		MI	Social Security #
Home Address					Date of Birth
City	State	Zip	Email		
Home Phone	Work Phone	Mobile Phone	Pager		

Emergency Contact Information

Primary Emergency Contact	Relationship	Phone	Alternate Number
Secondary Emergency Contact	Relationship	Phone	Alternate Number

Employer/Department/Agency Information

Current Employer	City	State	# Years Employed
Supervisor Name	Phone		
Department/Agency Affiliation	City	State	# Years Employed/Involvement
Supervisor Name	Phone		

References

Name	Phone	City	State
Name	Phone	City	State

Convictions

No	Yes	If Yes, then please include separate paper with explanation of conviction.
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Qualifications – Please circle all qualifications applicable and fill in those not listed

Skill/License	Description	License #	Date Issued	Expiration Date	Code (For EMA Use)
EMT Basic					1001
EMT Cardiac					1002
EMT Paramedic					1003
RN					1004
MD					1005
Amateur/Commercial Radio License					1006

<i>Skill/License</i>	<i>Description</i>	<i>License #</i>	<i>Date Issued</i>	<i>Expiration Date</i>	<i>Code</i> (For EMA Use)
FF I					2001
FF II					2002
NFPA 1021					2003
Hazardous Materials Tech					2004
Rope Rescue					2005
Confined Space					2006
Shoring					2007
Rigging					2008
Welding/Cutting					2009
Use of Rescue Tools (Specify)					2010
Search Operations					2011
Construction Equipment Operator					2012
Construction Techniques					2013
ICS					3001
CISD Training					3002
Military Experience					3003
Military Aircraft Experience					3004
Supervisory Experience					3005
Canine Handler					4001
Speak other languages than English					5001
Read other languages than English					5002

Other Qualifications/Skills/Certifications

<i>Skill/License</i>	<i>Description</i>	<i>License #</i>	<i>Date Issued</i>	<i>Expiration Date</i>	<i>Code</i> (For EMA Use)

Explanation of Training and Experience

Describe any training and experience for the certifications/skills marked on this application:

Other Qualifications/Information

Position Applied For: (You may list up to three positions as defined in the position description, in a descending order of preference)

<i>Position</i>	<i>RIUSAR Position Code</i>
1.	
2.	
3.	

I, _____, understand that all the information I have given on this application is true.

Signature: _____

Date: _____

Characteristics of Urban Search And Rescue Operations

Structural collapse and rescue operations are performed in very dangerous and physically demanding environments. Personnel involved in Search And Rescue (SAR) operations must possess the stamina necessary to safely and effectively carry out sustained operations over many hours, often without sleep or sufficient relief.

For RIUSAR personnel to safely and effectively perform the duties and missions assigned to the Task Force, each Member must be relied on to be able to perform sustained physical tasks under difficult and dangerous conditions.

RIUSAR personnel must possess sufficient upper body strength to transport, handle and operate heavy tools and equipment. Each Member of RIUSAR who enters a collapsed building must be capable of:

1. Negotiating rubble piles and uneven surfaces
2. Working in confined spaces
3. Climbing ladders and working at various heights
4. Quickly exiting void spaces to escape dangers associated with the secondary collapse of a structure

All Members of RIUSAR are required to be physically and medically capable of performing various Search & Rescue tasks. Task performance abilities and individual conformance to mandatory physical standards will be tested annually. Determinations regarding any RIUSAR Member's fitness for duty must consider the Member's ability to perform any and all of the critical tasks in a safe and efficient manner without risking harm to the Team Member, other Team Members and to the public.

Please ask your physician to review the following critical tasks listed on the following pages and to check the applicable box for each critical task and to certify the results.

A check in the "Yes, Without Limitations" column indicates that the physician believes that the Applicant is medically capable of performing the task or requirement described;

A check in the "Yes, With Limitations" column indicates the physician believes that the Applicant is medically capable of performing the task or requirement described, but with some limitations. This box should also be checked whenever the Applicant has a condition that is controlled by medication;

A check in the "No" column indicates the physician believes that the Applicant is medically or physically incapable of performing the task or requirement described in a safe or efficient manner due to a medical or physical condition.

RIUSAR Critical Tasks and Fitness Standards Form

This Critical Tasks And Fitness Standards Form must be reviewed and signed by your personal physician. By doing so, your doctor is certifying that he or she knows of no medical reasons why you would be unable to participate in the physical ability test. This Physical Ability Test will be conducted at a designated time and place and will basically incorporate the following events:

Event 1: Confined Space Entry

Crawl through a tube 20 feet long and 22 inches in diameter by crawling from one end to the other, then reversing direction crawling backward to the point of origin.

Event 2: Ladder Climb

Ascend a 35-foot fire department ladder; touching the top rung with one hand and then descending back to the ground without stopping while going up or down the ladder.

Event 3: Equipment Carry

Lift a 50-pound box from an elevated surface and carry it in a walking carry for 200 feet without putting the box down and then returning the box to the starting point. Dropping the box also constitutes a failure of this test.

Event 4: Tool Carry

Lift a 48-pound hydraulic tool from the lift gate of a trunk and place it on the ground, then return the tool back to the lift gate. This procedure will be repeated ten times within a two minute time period. Hands may be switched provided the Applicant verbally indicates that switching of hands is desired before actually doing so.

Event 5: Balance Beam Walk

Walk the length of a 12-foot beam that is four inches wide unsupported and unassisted. Falling off or stepping from the beam constitutes a failure of this test.

This physical ability test is the minimum required for certification as a RIUSAR Team Member.

RIUSAR Critical Tasks and Fitness Standards

(To be completed by the Applicant's physician only)

Condition or Task Described <i>(check the appropriate box to the right)</i>	Yes, Without Limitations	Yes, With Limitations	No
Must be able to function in stressful environments without presenting a significant likelihood of harm to self or others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to crawl through a 20' long, 22" in diameter tube, then reverse direction and crawl backward 20' to the starting point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to pick up a box or similar object with a gross weight of 50 pounds and carry it 200' and then back another 200' over a smooth and level concrete or asphalt surface without putting the box down or dropping it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to remove a 48 pound hydraulic rescue tool from the lift gate of a truck, set the tool on the ground, then return the tool to its position, alternatively from the ground to the vehicle bed and back to the ground, 10 times within a two-minute test period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to walk the length of an elevated, 12' long, 4" wide beam without stepping off or falling from the beam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to push, pull, lift and possess the necessary ability, leverage and balance to attempt rescue of Team Members or collapsed structure victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to lift, hold, carry, leverage, balance and possess the endurance to move a Team Member or collapsed structure victim who cannot move or assist with their removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must possess stamina, strength, balance, endurance, leverage and upper and lower body strength to take the actions necessary to effect a rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must possess the ability to be trained in the use of heavy hydraulic tools, i.e., possess sufficient grip strength, upper body strength, and good wrist, hand or elbow dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to walk, for long periods of time over long distances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to climb over or jump over obstacles during emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to crawl under or over obstructions and into confined areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to balance on uneven or narrow surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must have good visual acuity, good peripheral vision, and good depth perception both during daylight hours or in darkness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to perform each task listed above during all weather conditions and in adverse and physically hazardous conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to climb a 35' ladder, touch the top rung and then descend to the floor without stopping or resting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician's Certification

On the date listed below, I have:

Reviewed the medical records of this Applicant: ☐ Yes ☐ No

Personally examined this Applicant: ☐ Yes ☐ No

Please check one of the following boxes:

1. ☐ I certify that, in my professional judgment, I am not aware of any medical reason or condition that would cause this Applicant to not be able to perform the critical tasks and physical standards listed on this form. Further, this Applicant should be able to physically perform these tests without limitations and without posing an unreasonable risk of harm to the Applicant or to other persons.
2. ☐ I certify that, in my professional judgment, this Applicant cannot perform one or more of the listed critical tasks or does not conform to all of the physical standards listed on this form.

Other Instructions To Physician:

If you checked Box # 2 directly above this line, please explain in the space provided below.

If you checked any box of the RIUSAR Critical Tasks and Fitness Standards on the previous page in either the **"Yes, With Limitations"** column or in the **"No"** column on this form, please explain your reason for doing so in the space provided below. Describe any reasonable accommodations that you believe can be made to permit this Applicant to be able to perform the tasks required or to be able to substantially conform to the standards required. Attach further documentation to this form as required.

Physician's Notes and Comments

<i>Name of Physician (please print)</i>	<i>Date</i>
<i>Signature of Certifying Physician</i>	<i>Telephone No.</i>
<i>Business Address (street, city or town, ZIP Code)</i>	

**MEMORANDUM OF AGREEMENT
BETWEEN THE RHODE ISLAND EMERGENCY MANAGEMENT AGENCY
AND
RHODE ISLAND STATE URBAN SEARCH AND RESCUE TEAM MEMBERS**

This document constitutes an agreement between Rhode Island State Urban Search and Rescue Team Members (RIUSAR), and Rhode Island Emergency Management Agency (RIEMA) describing the obligations and responsibilities of the respective parties as well as the terms and conditions for participation in RIUSAR.

1. RIUSAR team members shall be registered as volunteers with RIEMA.
2. RIUSAR team members shall remain employed by their respective employers or self-employed as the case may be for salary reimbursement purposes, assessment of State workers' compensation or local jurisdiction salary/disability payment scheme.
3. RIUSAR team members, upon activation for disaster response duty only, shall continue to receive their normal and usual rate of pay from their respective employers or self-employment as the case may be. RIEMA shall reimburse the respective employer or the self-employed individual, such pay as well as backfill pay, if any, for the period of activation for disaster response duty.
4. Upon activation for training and/or disaster response duty, RIUSAR team members will be construed as State employees for tort liability purposes as provided for in Chapter 15 Title 30 which provides that in the absence of willful misconduct, gross negligence or bad faith, disaster response workers are not liable for death of or injury to persons, or for damage to property as a result of disaster response activity.
5. RIUSAR team members activated for training and/or disaster response duty will be considered performing within the scope of their respective employment or self-employment as the case may be, and, as such, subject to the State worker's compensation or the local jurisdiction's salary/disability payment scheme under the provisions of Chapters 29-38 of Title 28 and Chapters 19-21 of Title 45 respectively. RIEMA shall reimburse the local jurisdiction salary/disability payments made pursuant to R.I.G.L. § 45-19-1.
6. RIUSAR team members, who are not covered by the provisions of R.I.G.L. § 45-19-1, will be placed onto the State's payroll as contingent employees only for purposes of state workers' compensation. RIEMA will register these individuals as State employees at State pay schedules consistent with Chapters 29-38 of Title 28. Nothing contained in this section shall be construed as inconsistent with the tort liability provisions of Chapter 15 Title 30.

**MEMORANDUM OF AGREEMENT
BETWEEN RIUSAR AND RIEMA
Page 2.**

7. RIUSAR team members agree to be managed by RIEMA and agree to make a good faith effort to attend all training sessions and exercises as scheduled by RIEMA.
8. RIUSAR team members may be terminated from participating as a member of the RIUSAR team with or without cause.
9. RIUSAR team members agree to be available in the event of terrorist incidents, and/or structural collapses caused by earthquakes, hurricanes, air crashes, and other natural or man-made disasters where the Governor of the State of Rhode Island issues a declaration of emergency.
10. This agreement shall expire June 30, 2004.

As a member of the Rhode Island State Urban Search And Rescue Team, I understand and accept the terms and conditions as described herein.

Print Name

Signature

Name of Employer

Date

RIEMA representative Name

RIEMA representative signature

Date

☐ **check if self-employed**

☐ **check if retired**

**MEMORANDUM OF UNDERSTANDING
OF THE EMPLOYER
ACKNOWLEDGEMENT AND AGREEMENT WITH THE
MEMORANDUM OF AGREEMENT
BETWEEN THE RHODE ISLAND EMERGENCY MANAGEMENT AGENCY &
RHODE ISLAND STATE URBAN SEARCH AND RESCUE TEAM MEMBERS**

Dear Employer,

Your employee _____ has expressed an interest in joining the Rhode Island State Urban Search and Rescue team (RIUSAR) and has agreed to the preceding MOA, which is incorporated by reference hereto. In the event of terrorist incidents, and/or structural collapses caused by earthquakes, hurricanes, air crashes, and other natural or man-made disasters and where the Governor of the State of Rhode Island issues a declaration of emergency, your employee may be activated for deployment. Moreover, in preparation for responding to such a disaster your employee will be required to attend training and exercise sessions as scheduled by the Rhode Island Emergency Management Agency (RIEMA). Described below are the terms and conditions for participation in RIUSAR.

1. RIUSAR team members shall be registered as volunteers with RIEMA, however, they shall remain employed by the undersigned employer for salary reimbursement purposes, assessment of State workers' compensation or local jurisdiction salary/disability payment scheme.
2. RIUSAR team members, upon activation for disaster response duty only, shall continue to receive their normal and usual rate of pay from the undersigned employer. RIEMA shall reimburse the employer such pay as well as backfill pay, if any, for the period of activation for disaster response duty.
3. RIUSAR team members activated for training and/or disaster response duty shall be considered performing within the scope of their employment with their respective employers and, as such, subject to the State worker's compensation, or local jurisdiction's salary/disability payment scheme under the provisions of Chapters 29-38 of Title 28 and Chapters 19-21 of Title 45 respectively. The local jurisdiction shall be reimbursed by RIEMA for payments made pursuant to R.I.G.L. § 45-19-1.
4. RIUSAR team members, upon activation for training and/or disaster response duty, will be construed as state employees for tort liability purposes as provided for in Chapter 15 Title 30 which provides that in the absence of willful misconduct, gross negligence or bad faith disaster response workers are not liable for death of or injury to persons, or for damage to property as a result of disaster response activity.

**MEMORANDUM OF UNDERSTANDING
BY EMPLOYER ORGANIZATION
Page 2.**

5. RIUSAR team members, who are not covered by the provisions of R.I.G.L. § 45-19-1, will be placed onto the State's payroll as contingent employees only for purposes of State workers' compensation. RIEMA will register these individuals as State employees at State pay schedules consistent with Chapters 29-38 of Title 28. Nothing contained in this section shall be construed as inconsistent with the tort liability provisions of Chapter 15 Title 30.
6. This memorandum of understanding shall expire June 30, 2004.

Please certify your understanding of and agreement with the terms and conditions of this memorandum by signing and dating below.

Name of Employer

Name of Authorized Agent of Employer

Authorized Agent Signature

Date